

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155482		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2011	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1802 E DOWLING ST KENDALLVILLE, IN46755			
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F0000	<p>This visit was for the Investigation of Complaint #IN00087561 and Complaint #IN00089207.</p> <p>Complaint #IN00087561 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint #IN00089207 - Substantiated, Federal/State Deficiencies related to the allegation are cited at F203.</p> <p>Survey dates: April 12-15, 2011.</p> <p>Facility number: 000529 Provider number: 155482 AIM number: 100267140</p> <p>Survey team: Diane Nilson, RN-TC</p> <p>Census bed type: SNF/NF: 26 Total: 26</p> <p>Census payor type: Medicare: 8 Medicaid: 18 Total: 26</p> <p>Sample: 6</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>This plan of correction is to serve as Kendallville Manor's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Kendallville Manor or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0203	<p>Quality review completed on April 19, 2011 by Bev Faulkner, RN</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for</p>						

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SS=D	<p>transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to notify a resident and/or family member in writing regarding a pending discharge, failed to document the specific location of the discharge on the transfer/discharge form, and failed to notify a family member of the resident's discharge.</p> <p>This affected 1 of 4 residents reviewed for transfer/discharge (Resident B), in a sample of 6 residents.</p> <p>Findings include:</p> <p>1. The closed clinical record for Resident B was reviewed, on 4/13/11, at 2:55 p.m.</p>			F0203	<p>F 203 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER & DISCHARGE It is the practice of Kendallville Manor to notify the Resident and, if known, a family member or legal representative of the Resident of the transfer or discharge and the reasons for the move in writing and in a language or manner they understand; records the reasons in the Resident's clinical record; and include in the notice to provide written notification. The written notification will include (i) reason for transfer or discharge (ii) effective date of transfer or discharge (iii) location to which the Resident will be transferred or discharged (iv) a statement that the Resident has the right to appeal the action of the State (v)</p>		04/29/2011

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	<p>Review of a letter from Indiana Family and Services Administration, addressed to Resident B and dated 2/15/11, indicated the resident was advised of the decision by the Division of Aging regarding Medicaid reimbursement for nursing facility placement. The letter indicated the resident no longer met state criteria for nursing facility placement for Medicaid reimbursement, and there would be no Medicaid reimbursement for the nursing facility per diem after 3/17/11.</p> <p>There was no documentation in the clinical record indicating the facility had issued the resident a 30 day written notice with the statement regarding the resident's rights to appeal the discharge.</p> <p>A nursing note, dated 4/8/11, indicated the resident was discharged to a new apartment.</p> <p>The Administrator was interviewed at 2:10p.m., on 4/14/11 and indicated the facility did not issue the resident a 30 day notice of discharge because the PreAdmission Screening (PAS) office had determined the resident did not meet appropriate criteria to remain in the nursing facility.</p> <p>The Administrator indicated the social worker was seeking placement for the</p>				<p>the name, address and telephone number of the Ombudsman. I. It would not be possible to correct the cited concern for Resident B as this is a past event. As indicated in the survey report, the Resident and her responsible party were fully aware of the discharge. II. All residents being transferred or discharged from the facility have the potential to be affected. III. The facility has a policy in place regarding discharging a resident from the facility. Licensed nurses and the Director of Social Services have been re-educated on this policy on 4/21/2011. The re-education emphasized the importance of placing the address of the discharge location on the transfer records as well as the importance of notifying the responsible party at the time of discharge. Documentation will be placed in the clinical record when the responsible party is not able to be contacted. IV. The Director of Nursing or her designee is completing quality improvement audits of residents records who are discharged from the facility. This audit will be completed monthly for 6 months to ensure that the transfer location is recorded on the transfer papers and that the responsible party is notified at the time of discharge. Results of all audits are being reported to the QA Committee monthly for additional recommendations where</p>		

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	<p>resident and the facility was not planning on discharging the resident until placement could be found. She also indicated the resident wanted to be discharged and live in an apartment.</p> <p>Review of a "Notice of Transfer or Discharge" form, dated 4/8/11, for Resident B, indicated the resident was transferred to a private residence. The notice indicated the reason for the transfer, the effective date of the transfer, the appeal rights, and the city the resident was discharged to, but did not indicate the address/location to which the resident was transferred.</p> <p>Review of social service progress notes, dated 4/4/11 (no time), indicated an apartment was available for Resident B, and the resident agreed to be discharged to the apartment. The notes also indicated the case manager at the mental health facility, where the resident received treatment, was notified regarding the resident's discharge to the apartment, but there was no documentation a family member was notified the resident was going to be discharged.</p> <p>A family member of Resident B was interviewed at 8:50a.m., on 4/14/11, via telephone and indicated the facility had</p>				<p>necessary, overseen by the Administrator.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>not contacted her regarding the resident being discharged. The family member indicated the mental health facility had called her on 4/8/11, after the resident had already been discharged .</p> <p>The Social Worker was interviewed, at 11:05a.m., on 4/15/11 and indicated the family member knew for at least a month that the resident would be moving into a bedroom style apartment. The Social Worker indicated she had attempted to phone the family member to inform her the resident was being discharged, but no one answered the phone, and there was no answering machine to leave a message. She indicated she neglected to document this in the resident's record.</p> <p>This federal tag relates to complaint number IN00089207.</p> <p>3.1-12(a)(6)(A)(ii) 3.1-12(a)(7) 3.1-12(a)(9)(C)</p>						